

In re application of:

Kyoung Soo MOON

Serial No: 10/804,426

Filed: March 18, 2004

For: METHOD FOR DETECTING OVERLAP OF SCHEDULED
RECORDING TIMES

Art Unit: 2621

Examiner: Tekle, Daniel T.

Confirmation No.: 7236

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ A petition for extension of time for ___ month(s) is enclosed.
☐ A Request for Continued Examination (RCE) is enclosed.
☐ ___ sheet(s) of drawing(s) is/are enclosed.
☐ An information disclosure statement in accordance with 37 CFR 1.56 and 1.97 is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

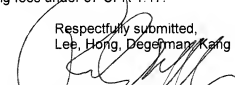
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	20 **	0	LG=\$52 SM=\$26	\$52	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$220 SM=\$110	\$220	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195		\$ 0
					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
☐ A check in the amount of \$ _____ to cover the extension fee is enclosed.
☐ A check in the amount of \$ _____ to cover the information disclosure statement fee is enclosed.
☐ A check in the amount of \$ _____ to cover the petition fee is enclosed.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502290.
☐ The amount of \$ _____ for the filing fee.
☐ The amount of \$ _____ for the extension fee.
☐ The amount of \$ _____ for the RCE fee.
☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
Lee, Hong, Degeiman, Kang & WaimeyBy: 
Richard C. Salfelder, Esq.
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Date: July 2, 2009

Customer #035884